

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 247046US6 First Inventor or Application Identifier Hiroaki SAKAGUCHI Title INFORMATION PROCESSING APPARATUS AND METHOD	U.S. PTO 17510 10/17/2008
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>Commissioner for Patents</b> <b>ADDRESS TO:</b> Mail Stop Patent Application Alexandria, Virginia 22313	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>	
2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 2px;">23</span>		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 2px;">8</span>		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px;">3</span>		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
a. <input checked="" type="checkbox"/> Newly executed (original)		10. <input type="checkbox"/> English Translation Document (if applicable)	
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		12. <input type="checkbox"/> Preliminary Amendment	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard	
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <small>(if foreign priority is claimed)</small>	
a. <input type="checkbox"/> Computer Readable Form (CRF)		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>	
b. Specification or Sequence Listing on :		16. <input checked="" type="checkbox"/> Other: Request for Priority	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application no.: <b>Prior application information:</b> <b>Examiner:</b> <b>Group Art Unit:</b>			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>18. CORRESPONDENCE ADDRESS</b>			
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1570  
Docket No. 247046US6

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Hiroaki SAKAGUCHI

SERIAL NO: New Application

FILING DATE: Herewith

FOR: INFORMATION PROCESSING APPARATUS AND METHOD

**FEES TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$86 =	\$258.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,028.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 12/23/03

  
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